



Summary – Round Table 2: Multi-sector Humanitarian Actors

Key Actions critical to ensuring a child-centred approach to planning and response in future infectious disease outbreaks and school closures and reopening

INTRODUCTION

On January 24th, 2023, humanitarian actors from education, child protection and health, including mental health and psychosocial wellbeing, came together to reflect on lessons learned during COVID-19, including the key messages developed by children and young people in humanitarian settings, and to discuss recommendations and actions to ensure a child-centred approach to planning and response in future infectious disease outbreaks and school closures and reopening.

The following summary documents the discussions that took place in this multi-sectoral meeting. First, responses are presented to the question concerning what humanitarian actors can do collaboratively across sectors to ensure a child-centred approach to planning and response in future infectious disease outbreak. Following this, **key actions** that are critical to ensuring a child-centred approach to planning and response in future infectious disease outbreaks and school closures and reopening are presented, organized by **outbreak phases: Preparedness, Response (Acute), and Recovery (and Protracted Response)**.

What can we do together to ensure a child-centred approach to planning and response in future Infectious Disease Outbreaks?

Collaboratively develop tangible cross-sectoral outputs, such as:

- **A standard operating procedure or common protocols around school closures and reopening** to strengthen child-centered intersectoral collaboration between health, education and protection sectors before, during and after outbreaks.
 - Use existing cross-sectoral frameworks to ensure ongoing intersectoral collaboration to improve overall strategic and operational ways of working between sectors before, during, and after humanitarian or public health emergencies, including outbreaks. For example: The Global Protection Cluster and Global Health Cluster Joint Operational Framework; The '[Guidance Note: Supporting Integrated Child Protection and Education Programming in Humanitarian Action](#)'.
 - Use cluster structures to disseminate key information—for example, child protection guidance shared to health cluster coordinators in outbreak response areas
 - The framework needs to have clear and measurable deliverables for each sector and accountability mechanisms
- **Develop a guide for safe and meaningful consultation with children across different sectors, specifically for infectious disease outbreaks**
 - Ensure guidance on participatory approaches is inclusive for children of diverse disabilities, backgrounds, ages, etc.
 - Actively involve families in the design and implementation of educational strategies for children and youth

- Reference the: [IASC Guidelines on Working with and for Young People in Humanitarian and Protracted Crises](#)
 - Strengthen uptake of accountability to children at the highest levels of the humanitarian system so that child-centred approaches are accepted and used by all during infectious disease outbreaks
 - Focus on how child-centred planning improves projects and programmes
- **Influence World Health Organization (WHO) infectious disease outbreak response pillars to ensure child protection considerations are fully integrated**
 - Direct engagement with WHO teams involved in outbreak preparedness/management
 - How can we influence the response pillars?
- **Donors need to invest in preparedness, prevention, and anticipatory action for infectious disease outbreaks. Make it unavoidably clear to policy and decision-makers that school closures will harm children's health.**
 - Capacity strengthening across sectors and to donors about the harms of school closures on children that extend far beyond the risks of the infectious disease
 - Work across sectors to generate evidence through documenting the impact of school closures on children's health and development before, during and after outbreaks and/or school closure.
 - Collaboratively present valuable data and lessons on the negative impacts of school closures.
- **Develop templates and short guide for use by national and local actors for contingency plans for potential school closures**
 - Organise activities at schools where children and teachers write emergency response plans together
 - Engage with the social service workforce located in/connected to schools and their managers, as they know well the most vulnerable children and families
 - Sensitisation on protective measure at a Whole School Approach angle for acceptance purpose

PHASE: PREPAREDNESS

Key Actions:

- **Identify children who are out of school or at risk of losing access to education in the event of an outbreak**
- **Connect vulnerable children to case management services before an outbreak occurs**
- **Understand the decision-making processes in your settings for deciding on school closures**
- **Share a “recommendation package” with policy makers of lessons learned and recommendations to keep schools open safely or to facilitate re-opening**

- Design school-based contingency plans and high quality flexible educational programmes that can be adapted in infectious disease outbreak scenarios

1. Identify children who have heightened vulnerabilities and connect them to case management services that can help them continue their education in the event of an infectious disease outbreak.	
HOW should it be done?	<ul style="list-style-type: none"> • Support schools by giving schools fees and uniforms; support family livelihood • Work with teachers and community leaders to identify children with heightened vulnerabilities • Prepare/identify communication channels, share with parents, teachers, and children • Sensitise team on how to identify vulnerability • Prepare and map the resources in the community
WHAT will it look like?	<ul style="list-style-type: none"> • A programme based on child consultation, involving parents and teachers and coordinated efforts • A mapping of resources and services directory that is simple and user-friendly • Include collaborative efforts across different sectoral actors • A team sensitised on the referral pathway • Use easily accessible communication channels such as WhatsApp with parents, teachers, community, children
WHO should do this work? Who should be consulted?	<ul style="list-style-type: none"> • Partners like UNICEF, Global Partnership for Education, USAID • Consult children, parents, and educators—ensure that services are suitable to their needs • Families of children, community leaders, service providers • Partners working in communities; government representatives • The local/indigenous stakeholders of the schools and education officials receiving support • School admins should consult case management and national referral systems
Opportunities?	<ul style="list-style-type: none"> • Existing partners (UNICEF, SCI, IRC, UNHCR) • Donors
Risks?	<ul style="list-style-type: none"> • Not having any resources in countries • Not having trained social service workforce • Children out of school or less known to the community • Lack of confidence in national referral systems • Lack of technology to reach case management support • Dependency by the community

2. Understand the decision-making processes in your settings and share a “recommendation package” with policymakers of lessons learned and recommendations to keep schools open safely or to facilitate re-opening.

<p>HOW should it be done?</p>	<ul style="list-style-type: none"> • Have a global template of such recommendation package that countries can contextualise • In consultation with children, parents, and caregivers • Engage the stakeholders from start—ensure ownership • Map decision-making processes • Work with children, families, education actors, health community to develop the package • Teachers, parents, and children to meet at school and prepare recommendations together • Organise presentation day to policy makers
<p>WHAT will it look like?</p>	<ul style="list-style-type: none"> • Options for virtual learning (with support for connectivity and technology) • Small group learnings in community settings • Distancing at schools • Include a simple guide of different types of infectious diseases outbreaks and the risk of infection in school for different outbreaks • As concise as possible with main point highlighted and then perhaps a more detailed document for reference
<p>WHO should do this work? Who should be consulted?</p>	<ul style="list-style-type: none"> • School leaders should organise this, ensuring that parents, children, and teachers are invited to participate • Health, Education, and CP actors should develop it and consult children, families, teachers, and health authorities • Health authorities in collaboration with the education sector • Them implementing partners through a whole school approach
<p>Opportunities?</p>	<ul style="list-style-type: none"> • Decision-makers will hear recommendations made by direct/end beneficiaries • Acceptance of any new ideas • This group coming together for this research is an opportunity to develop the global template, pilot it, and share widely
<p>Risks?</p>	<ul style="list-style-type: none"> • If not done in preparedness, it may not happen after or during an outbreak • Much time is needed • Everyone will defer to the medical community as the experts and the views of the education sector, families, children, and communities may be downplayed • If not done in a fully inclusive way, many options might not be accessible to all children—some will continue to be left out of school <ul style="list-style-type: none"> ○ For example, certain profiles of children/parents/teachers may be selected to write recommendations • Without buy-in from policymakers, there is a risk that they will say that the recommendation package is too expensive and they won’t implement • Difficulty reaching agreement amongst the different sectors and delay in producing the package

3. Work across sectors (health, education, and child protection) and with existing children’s groups to design school-based contingency plans and high quality flexible educational programmes that can be adapted to outbreak scenarios.

HOW should it be done?	<ul style="list-style-type: none"> • Sensitise the stakeholders on the different sectors and how each sector affects the other • Global and national templates can be created to then adapt to different contexts • In focus groups, with each of the communities separately and then bringing them together • Extensive consultations may lead to delays so may need to implement something fast and then refine it • Sector and school leaders to organise planning days at the school where children, teachers, and parents prepare response plans for different types of crises
WHAT will it look like?	<ul style="list-style-type: none"> • Needs to be context specific. E.g., in some parts of the world, schools can be held outside under a shade • Active participation in developing plans by the school stakeholders • Flexible education programmes need to take into consideration accessibility needs and barriers for specific children to learn
WHO should do this work? Who should be consulted?	<ul style="list-style-type: none"> • National and local health education and CP actors • Trained government officers and community leaders • Create a spectrum of responses that can be adopted depending on the length of closures • Try to include hybrid measures so there is some in-person contact • Children to highlight what their needs are • Educational experts need to develop programmes with consultation with children, parents, communities
Opportunities?	<ul style="list-style-type: none"> • Buy-in to do this work exists
Risks?	<ul style="list-style-type: none"> • Need to be updated every few years to stay up-to-date with changes in technology • If not used, they can be forgotten after a while • Not all families may be able to participate or be invited to participate • Organise emergency planning as classroom activities for the children • Payment of service rendered • Certain responses are considered and others may be ignored—organise a writing committee that would gather notes and compile them into plans • Hard to develop programmes that are inclusive

PHASE: RESPONSE (ACUTE)

Key Actions:

- Advocate for schools to stay open safely or to reopen as quickly as possible
- Address compounding issues impacting children’s ability to continue learning during infectious disease outbreaks, such as child labour, food insecurity, mental health, and psychosocial well-being

- Integrate child-friendly approaches and consultation in health-related needs assessments

1. Advocate for schools to stay open safely or to reopen as quickly as possible (in the event of a closure).	
HOW should it be done?	<ul style="list-style-type: none"> • Decision-makers should be informed of the harms and risks of school closures to children's outcomes • Caregivers need reassurance as to the safety of re-opening • Prepare advocacy materials that teams can take to decision-makers and advocate to keep schools open/reopen quickly • Having the process in place that can be quickly enacted in the event of an outbreak • Use existing tools from WHO/the Alliance that can be contextualised • Strengthen infection prevention and control measures—ensure that all are safe during school attendance
WHAT will it look like?	<ul style="list-style-type: none"> • Cross-sectoral developed guidelines on staying safe while at school and how to protect yourself/others, including training for teachers on illness at school • Group of representatives from multiple sectors to present the evidence and recommendations • Resourcing for public health measures need to be in place to support quick decision-making • A variety of educational opportunities ready to roll out for short school closures and for individuals who may be out of school longer; clear transitional policies and programmes • Rapid coordination mechanism • Age-appropriate, child-created methods of information sharing (songs, artwork, drama)
WHO should do this work? Who should be consulted?	<ul style="list-style-type: none"> • Linking school level, sub-national level, and national levels to align policies and recommendations • Consultations with teachers and parents/caregivers • Must be cross-sectoral, with strong lead of local health authorities and national authorities • Ministry of Finance and emergency service authorities • Ministry of education alongside Ministry of Health • Consult diverse groups of children to ensure that recommendations are relevant to their lives • Involve cultural and religious leaders (to co-create strategies for community and national levels)
Risks?	<ul style="list-style-type: none"> • MoH/WHO/Health authorities unlikely to understand child-related risks • Non-realistic recommendations will not be followed • Partners looking at the outbreak as a health issue • Be clear about risks for each infectious disease type • Potential in people mistrusting health measures • Lack of considerations for long-term adverse outcomes/risks for children • Novel viruses are difficult to navigate with many unknowns • Balancing mental health and physical health needs

2. Address compounding issues that are impacting children’s ability to continue learning during an outbreak, such as child labour, food security, mental health, and psychosocial well-being.

HOW should it be done?	<ul style="list-style-type: none"> • Bolster community resilience by engaging children and caregivers • Pre-empt their exacerbation through secondary prevention measures • Coordination across clusters through strategic meetings or network (set up during preparedness) • Find safe ways to be in regular contact with those who were identified to be at heightened risk and those expected to be at risk; monitor their safety and well-being • Ensure a range of these issues are included in surveillance—not just communicable disease but also social, protection, and education outcomes
WHAT will it look like?	<ul style="list-style-type: none"> • If accountability systems are working, communities can flag the challenges that they experience and ask for them to be addressed • Transitional programmes that link CP and ED that address the PSS/SEL needs of children, with clear plan to return children to school • Use resources that highlight the importance of socialisation for children’s mental health, well-being, and development we can disseminate and adapt
WHO should do this work? Who should be consulted?	<ul style="list-style-type: none"> • Push government to enact their existing policies/services • Humanitarian settings likely have activated cluster system that can be used for multi-sectoral coordination • A range of sectors need to do this together
Opportunities?	<ul style="list-style-type: none"> • Improving measurement of social and health outcomes will help to make children more visible and support adaptation of responses accordingly
Risks?	<ul style="list-style-type: none"> • Distance learning options not well developed/equitable—promote better options as an opportunity to continue learning

3. Integrate child-friendly approaches and consultation in health-related needs assessments to help children voice their concerns about school closures during an outbreak.

HOW should it be done?	<ul style="list-style-type: none"> • Carefully consult children at heightened risk and children who are used to being consulted <ul style="list-style-type: none"> ○ This requires more specialisation training facilitation • Child participation should be normalised
WHAT will it look like?	<ul style="list-style-type: none"> • Request that a cross-sectoral group review current assessments used by Health and Multi-sectoral coordination groups, including national authorities • Education sector also does child participation and find ways to work with health sector on this • Capacity strengthening around how to do child participation safely and effectively, especially in outbreak settings • Joint operational framework between Global Health cluster and Global Protection exists that we can use
Risks?	<ul style="list-style-type: none"> • Need to highlight why this is important—many misconceptions about child participation and what children might ask for

PHASE: RECOVERY (& PROTRACTED RESPONSE)

Key Actions:

- Be accountable to children’s voices and show decision-makers evidence of the positive impact of engaging children in the planning, response, and monitoring of infectious disease outbreaks
- Identify and strengthen community coping mechanisms and promising practices that helped keep children in school
- Seek opportunities to engage children who are in or out of school, to inquire about their access to education, and to connect children to necessary services

1. Be accountable to children’s voices and show decision-makers evidence of the positive impact of engaging children in the planning, response, and monitoring of infectious disease outbreaks.	
<i>HOW should it be done?</i>	<ul style="list-style-type: none"> • Identify the decision-makers that we need to engage and the processes in which communities and children can engage • Ensure that children have the support they need to participate from parents, teachers, and community • Now is the time to invest in strengthening student groups/clubs, teacher groups, and their activities • Allow for the recognition of children’s voices at the national community leadership levels; ensure that children feel recognised by decision-makers • Create safe spaces where children can express themselves and how they feel • Accompany children to reduce the negative impacts on their mental health • Explain to decision-makers with tangible research how children were harmed by school closures • Share widely of the harms of school closures on children’s well-being
<i>WHAT will it look like?</i>	<ul style="list-style-type: none"> • Ensuring that opportunities for input by children are create at EACH stage of the decision-making cycle • Including children advisory councils; ensuring accountability to children • Giving children platforms at events to tell policy makers what they know
<i>WHO should do this work? Who should be consulted?</i>	<ul style="list-style-type: none"> • Children’s groups, existing clubs, teacher groups • Everyone working in emergency needs to be involved
<i>Opportunities?</i>	<ul style="list-style-type: none"> • Wealth of resources already available within NGOs • Young people from the #COVIDUnder19 initiative • Many children’s groups that can be engaged across school districts, regions, communities, etc. • Social media platforms that are already engaging children

2. Identify and strengthen community coping mechanisms and promising practices that helped keep children in school during infectious disease outbreaks, including approaches led by children.

<p>HOW should it be done?</p>	<ul style="list-style-type: none"> • Have strong network with children’s groups to identify promising examples • Have safe spaces for each other to talk to about the impacts of the pandemic, challenges that we faced, deaths we endured, etc. • Identify locations where COVID-19 was prevalent but still had schools open using data (such as the dashboard from education international) and Inquire about their methods of keeping schools open • Work on recovering trust and confidence in our interactions within our communities • Mapping of community mechanisms as a first step with children • Identify existing community-based groups and networks, including faith-based groups that may have a child/youth group within it • Learn from initiatives such as “Schools are closed but we are still learning” • Include a lot of identification and strengthening in preparedness stage as to strengthen recovery needs • Don’t wait for the next thing—learn from the other countries that are enduring different types of outbreak now and share information
<p>WHAT will it look like?</p>	<ul style="list-style-type: none"> • Mobilise both in-person and online networks (existing, new, formal, and informal) • Ensure that communication is correct and reach children and communities • Engage with children in creative ways, such as drawings, drama, games, etc.
<p>WHO should do this work? Who should be consulted?</p>	<ul style="list-style-type: none"> • Consult community leaders, as many implemented coping strategies that we can learn from • Involve school social workers (or school counsellors for children with special needs) who know how hard it is to engage vulnerable children (non-attending, without IT access) • Engage existing community groups, school groups, children’s clubs, etc. • Engage policy makers from various ministries to present promising practices to influence decision-making • Ensure that most marginalised are engaged—children with disabilities, girls and women—and build supports for them in their work
<p>Opportunities?</p>	<ul style="list-style-type: none"> • Social media to use to share promising practices, knowledge, encourage other groups to build resilience
<p>Risks?</p>	<ul style="list-style-type: none"> • Online networks, including social media, can spread disinformation, rumours, fear, etc.

3. Seek opportunities to engage children who are in or out of school to inquire about their access to education and to connect children to necessary services.

HOW should it be done?	<ul style="list-style-type: none"> • In health centres and clinics where children and families visit • Staff should ensure that they are ready to refer children to various social, educational, MHPSS, legal services, etc. <ul style="list-style-type: none"> ○ Training in child rights, child protection, and child participation across all sectors • Understand the barriers that exist for children who are out of school • Children should know the types of services that are available to them—create communication channels between children, their families, and communities
WHAT will it look like?	<ul style="list-style-type: none"> • Create and leverage technical work meetings between NGOs, government agencies, and community actors to ensure cross-sectoral collaboration • Schools and community groups working together to ensure that out of school children are not left behind • Have excellent quality resource materials that support families, children, and youth
WHO should do this work? Who should be consulted?	<ul style="list-style-type: none"> • NGOs, government agencies, community actors • Cross-sectoral collaboration to know how to safely consult with children and refer to services
Opportunities?	<ul style="list-style-type: none"> • Community health centres can be a space for integrated services, including child and youth-friendly services • Colleagues across sectors who know about how to engage children • Work together to obtain financing • Organised civil society can ask government for greater responsibility and resources
Risks?	<ul style="list-style-type: none"> • Giving greater importance to bureaucratic and administrative processes than to social and educational processes

This Round Table was carried out as part of a series of discussions that aim to move evidence—from a three-country study exploring the impact of COVID-19 related school closures on children’s protection, well-being, and educational inequalities—toward action. The research reports, advocacy briefs can be [accessed here](#), as well as the Round Table overview and the Children’s and Young People’s Key Messages from Round Table 1.